

Effective Date	07/01/2025	
Renewal Date	07/01/2026	
Carrier	Anthem Blue Cross	
Plan Name	HSA 1650 - \$10/30 Rx	
Benefit Summary	Eligible Employees	
	In-Network	Out-of-Network
<b>General Plan Information</b>		
Annual Deductible/Individual	\$1,650 medical/prescription/MH-SA in/out of network combined	\$1,650 medical/prescription/MH-SA in/out of network combined
Annual Deductible/Family	\$3,300 medical/prescription/MH-SA in/out of network combined	\$3,300 medical/prescription/MH-SA in/out of network combined
Coinsurance	90%	70%
Office Visit/Exam	90%	70%
Outpatient Specialist Visit	90%	70%
Annual Out-of-Pocket Limit/Individual	\$3,000	\$9,000
Annual Out-of-Pocket Limit/Family	\$6,000	\$18,000
Deductible Included in Out-of-Pocket Limits	Yes	Yes
Lifetime Plan Maximum	Unlimited	Unlimited
<b>Outpatient Services</b>		
<b>Preventive Services</b>		
Well-Child Care	100% deductible waived	Not covered
Immunizations	100% deductible waived	Not covered
Well Woman Exams	100% deductible waived	Not covered
Mammograms	100% deductible waived	Not covered
Adult Periodic Exams with Preventive Tests	100% deductible waived	Not covered
Diagnostic X-Ray and Lab Tests	90%	70%
<b>Maternity Care</b>		
Pregnancy and Maternity Care (Pre-Natal Care)	90%	70%
<b>Inpatient Hospital Services</b>		
Inpatient Hospitalization	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Pre-Authorization of Services Required	Yes	Yes. If not pre-certified, penalty is \$500 per admission (waived for emergency)
Semi-Private Room & Board; Including Services and Supplies	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
<b>Surgical Services</b>		
Outpatient Facility Charge	90%	70% limited to \$350/admit
<b>Emergency Services</b>		
Emergency Room	90%	90%
<b>Ambulance</b>		
Air	90% non-medical emergency is subject to pre-service review	90% non-medical emergency is subject to pre-service review; limited to \$50,000
Ground	90% non-medical emergency is subject to pre-service review	90% non-medical emergency is subject to pre-service review; limited to \$50,000

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<b>Urgent Care</b>		
Urgent Care Facility	90%	70%
<b>Mental Health Benefits</b>		
Inpatient Care	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.
Outpatient Care	90%	70% facility care. Physician visits behavioral health treatment for autism or pervasive development disorders requires pre-service review.
<b>Substance Abuse</b>		
<b>Inpatient Care</b>		
Inpatient Hospitalization	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.
Inpatient Detoxification Services	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.
<b>Outpatient Care</b>		
Outpatient Services	90%	70%
<b>Prescription Drug Benefits</b>		
Prescription Drug Deductible	\$1,650 ind/\$3300 fam medical/prescription/MH-SA in/out of network combined	\$1,650 ind/\$3300 fam medical/prescription/MH-SA in/out of network combined
Generic	\$10 after deductible; provided by Express Scripts (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	50% after deductible; provided by Express Scripts (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)
Brand (Formulary/Preferred)	\$30 after deductible; + cost difference between generic and brand when generic equivalent is available; provided by Express Scripts (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)	50% after deductible; + cost difference between generic and brand when generic equivalent is available; provided by Express Scripts (see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)
Number of Days Supply	30 days	30 days
<b>Mail Order</b>		
Generic	\$20 copay after deductible; provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$60 copay after deductible + cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered
Number of Days Supply for Mail Order	90 days	Not covered

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<b>Other Services and Supplies</b>		
Durable Medical Equipment & Prosthetic Devices	90%	70%
Home Health Care	90% limited to 100 visits/calendar year; one visit equals four hours or less; in/out of network combined	70% limited to 100 visits/calendar year; one visit equals four hours or less; in/out of network combined
Skilled Nursing or Extended Care Facility	90% limited to 100 days/calendar year; in/out of network combined	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency); limited to 100 days/calendar year; in/out of network combined
Hospice Care	100% deductible waived	80% after deductible has been satisfied
Chiropractic Services	90% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	70% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined
Acupuncture	90%	70%
<b>Hearing</b>		
Screening	100% Screening included under preventive care	Not covered
Aid(s)	90% limited to one hearing aid per ear every 3 years	70% limited to one hearing aid per ear every 3 years
<b>Infertility</b>		
Diagnosis	See plan certificate	See plan certificate
Treatment	See plan certificate	See plan certificate
<b>Outpatient Rehabilitative Therapy Services</b>		
Physical	90% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	70% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined
Occupational	90% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	70% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined
Speech	90%	70%